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Date printed: Tuesday, May 21, 2024
Kaiser Permanente Member name: Rene Apelo
Date of birth: 11/1/1965
MRN: 110012139657



IMMUNIZATION RECORD

Comprobante de inmunización

KAISER MR# 110012139657 PRINTED: 05/21/2024

Name

nombre APELO,RENE

Birthdate

fecha de nacimiento 11/01/1965

Sex

sexo M

Allergies

alergias

Vaccine Reactions

reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
<i>vacuna</i>	<i>fecha de vacunación</i>	<i>médico o clínica</i>	<i>próxima vacuna</i>
INFLUENZA	10/29/2008	INFS PF 18YRS-ADULT	
INFS PF		Kaiser Permanente	
	04/08/2019	INFS PF 18YR-ADULT QUAD	
INFS PF		Kaiser Permanente	
TDAP/TD	01/27/2012	TDAP (ADACEL)	
TDAP		Kaiser Permanente	
	04/08/2019	TDAP (ADACEL)	
TDAP		Kaiser Permanente	
TYPHOID	05/08/2019	TYPHOID, INJ	
TYPHOID		Kaiser Permanente	
VACC COVID-19	04/16/2021	MODERNA	
MODERNA		Kaiser Permanente	
	05/14/2021	MODERNA	
MODERNA		Kaiser Permanente	
	12/02/2021	MODERNA 50MCG/0.25ML	
MODERNA		Kaiser Permanente	
	05/27/2022	MODERNA 50MCG/0.25ML	

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
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MODERNA	Kaiser Permanente	
01/03/2023	MODERNA BIVALENT	
MODERNA	Kaiser Permanente	
		Chickenpox
Parents:	Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.	
Padres:	<i>Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Marienga esta Comprobanta lo necesita.</i>	TB SKIN TESTS ¹ <i>Pruebas de la Tuberculosis</i>
DT/Td DTaP/Tdap	= Diphtheria, tetanus [difteria, tetano] = Diphtheria, tetanus, pertussis (whooping cough) [difteria, tetano, y los forino]	Type ¹ Date given Given by Date read Read by mm/indur Impression
DTP HEPA	= Diphtheria, tetanus, pertussis (whooping cough) [difteria, tetano, y los forino] = Hepatitis A	PPD __/__/__ __/__/__
HEPB HIB	= Hepatitis B = Hib Meningitis (Haemophilus influenzae type B) [meningitis Hib]	PPD __/__/__ __/__/__
HPV INFLV	= Human papilloma virus [viris del papiloma humana] = Influenza [la gripa]	PPD __/__/__ __/__/__
MENINGOCOCCAL MMR	= Meningococcal vaccine [vacuna meningococia] = Measles, mumps, rubella [sarampion, papras rubeola]	¹ A chest x-ray may be indicated if skin test is positive. ² If required for school entry, must be Mantoux unless exception granted by local health department.
PNEUMO POLIO	= Pneumococcal vaccine [pneumococica] = Poliomyelitis [poliomielitis]	CHEST X-RAY Film date: __/__/__ Interpretation: [] normal [] abnormal [Radiografia] Person is free of communicable tuberculosis [] yes [] no (Necessary if skin test positive.)
RV VZV	= Rotavirus [rotavirus] = Varicella (chickenpox) [varicela]	Signature/Agency _____